

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

<b>In the Matter of the Accusation Against:</b>	)	
	)	
	)	
	)	
<b>ZAHER AZZAWI, M.D.</b>	)	<b>Case No. 09-2011-216716</b>
	)	
<b>Physician's and Surgeon's</b>	)	
<b>Certificate No. A 48743</b>	)	
	)	
<b>Respondent.</b>	)	
_____	)	


**DECISION AND ORDER**

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on February 5, 2014.

IT IS SO ORDERED January 6, 2014.

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
Barbara Yaroslavy, Chair  
Panel A

1 KAMALA D. HARRIS  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 MARTIN W. HAGAN  
Deputy Attorney General  
4 State Bar No. 155553  
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5 San Diego, CA 92101  
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8 *Attorneys for Complainant*

9 **BEFORE THE**  
10 **MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **ZAHER AZZAWI, M.D.**  
14 **6028 Vineyard Avenue**  
**Alta Loma, CA 91701**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 48743**

17 Respondent.

Case No. 09-2011-216716  
OAH No. 2013020967

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) is the Interim Executive Director of the Medical  
22 Board of California and is represented in this matter by Kamala D. Harris, Attorney General of  
23 the State of California, by Martin W. Hagan, Deputy Attorney General.

24 2. Respondent Zaher Azzawi, M.D. (Respondent) is represented in this proceeding by  
25 attorney Raymond J. McMahon, Esq., whose address is: 1851 E. First Street, Suite 810  
26 Santa Ana, CA 92705-4041.

27 ////

28 ////

3. On October 15, 1990, the Medical Board of California issued Physician's and Surgeon's Certificate No. A 48743 to Zaher Azzawi, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 09-2011-216716 and will expire on August 31, 2014, unless renewed.

## JURISDICTION

4. On January 15, 2013, Accusation No. 09-2011-216716 was filed by Linda Whitney, in her then official capacity as Executive Director of the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on January 15, 2013. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 09-2011-216716 is attached hereto as Exhibit A and incorporated herein by reference as if fully set forth herein.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 09-2011-216716. Respondent has also carefully read, fully discussed with counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Having the benefit of counsel, respondent hereby voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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1 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the  
2 exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
3 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
4 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order  
5 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any  
6 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this  
7 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

### 8 ADDITIONAL PROVISIONS

9 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
10 be an integrated writing representing the complete, final and exclusive embodiment of the  
11 agreements of the parties in the above-entitled matter.

12 13. The parties agree that facsimile copies of this Stipulated Settlement and Disciplinary  
13 Order, including facsimile signatures of the parties, may be used in lieu of original documents and  
14 signatures and, further, that facsimile copies shall have the same force and effect as originals.

15 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
16 the Board may, without further notice to, or opportunity to be heard by, respondent issue and  
17 enter the following Disciplinary Order:

### 18 DISCIPLINARY ORDER

19 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 48743 issued  
20 to Respondent Zaher Azzawi, M.D. (Respondent) is revoked. However, the revocation is stayed  
21 and Respondent is placed on probation for five (5) years from the effective date of this Decision  
22 on the following terms and conditions.

23 1. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the  
24 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
25 equivalent to the Medical Record Keeping Course offered by the Physician Assessment and  
26 Clinical Education Program, University of California, San Diego School of Medicine (Program),  
27 approved in advance by the Board or its designee. Respondent shall provide the program with any  
28 information and documents that the Program may deem pertinent. Respondent shall participate in

1 and successfully complete the classroom component of the course not later than six (6) months  
2 after Respondent's initial enrollment. Respondent shall successfully complete any other  
3 component of the course within one (1) year of enrollment. The medical record keeping course  
4 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education  
5 (CME) requirements for renewal of licensure.

6 A medical record keeping course taken after the acts that gave rise to the charges in the  
7 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
8 or its designee, be accepted towards the fulfillment of this condition if the course would have  
9 been approved by the Board or its designee had the course been taken after the effective date of  
10 this Decision.

11 Respondent shall submit a certification of successful completion to the Board or its  
12 designee not later than 15 calendar days after successfully completing the course, or not later than  
13 15 calendar days after the effective date of the Decision, whichever is later.

14 2. **PROFESSIONALISM PROGRAM (ETHICS COURSE)**. Within 60 calendar  
15 days of the effective date of this Decision, Respondent shall enroll in a professionalism program,  
16 that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.  
17 Respondent shall participate in and successfully complete that program. Respondent shall  
18 provide any information and documents that the program may deem pertinent. Respondent shall  
19 successfully complete the classroom component of the program not later than six (6) months after  
20 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
21 time specified by the program, but no later than one (1) year after attending the classroom  
22 component. The professionalism program shall be at Respondent's expense and shall be in  
23 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

24 A professionalism program taken after the acts that gave rise to the charges in the  
25 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
26 or its designee, be accepted towards the fulfillment of this condition if the program would have  
27 been approved by the Board or its designee had the program been taken after the effective date of  
28 this Decision.

1 Respondent shall submit a certification of successful completion to the Board or its  
2 designee not later than 15 calendar days after successfully completing the program or not later  
3 than 15 calendar days after the effective date of the Decision, whichever is later.

4 3. **PROFESSIONAL BOUNDARIES PROGRAM.** Within 60 calendar days from the  
5 effective date of this Decision, Respondent shall enroll in a professional boundaries program  
6 equivalent to the Professional Boundaries Program offered by the Physician Assessment and  
7 Clinical Education Program at the University of California, San Diego School of Medicine  
8 ("Program"). Respondent, at the Program's discretion, shall undergo and complete the Program's  
9 assessment of Respondent's competency, mental health and/or neuropsychological performance,  
10 and at minimum, a 24 hour program of interactive education and training in the area of  
11 boundaries, which takes into account data obtained from the assessment and from the Decision(s),  
12 Accusation(s) and any other information that the Board or its designee deems relevant. The  
13 Program shall evaluate Respondent at the end of the training and the Program shall provide any  
14 data from the assessment and training as well as the results of the evaluation to the Board or its  
15 designee.

16 Failure to complete the entire Program not later than six (6) months after Respondent's  
17 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees  
18 in writing to a later time for completion. Based on Respondent's performance in and evaluations  
19 from the assessment, education, and training, the Program shall advise the Board or its designee  
20 of its recommendation(s) for additional education, training, psychotherapy and other measures  
21 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with  
22 Program recommendations. At the completion of the Program, Respondent shall submit to a final  
23 evaluation. The Program shall provide the results of the evaluation to the Board or its designee.  
24 The professional boundaries program shall be at Respondent's expense and shall be in addition to  
25 the Continuing Medical Education (CME) requirements for renewal of licensure.

26 The Program has the authority to determine whether or not Respondent successfully  
27 completed the Program.

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1 A professional boundaries course taken after the acts that gave rise to the charges in the  
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
3 or its designee, be accepted towards the fulfillment of this condition if the course would have  
4 been approved by the Board or its designee had the course been taken after the effective date of  
5 this Decision.

6 If Respondent fails to complete the Program within the designated time period, Respondent  
7 shall cease the practice of medicine within three (3) calendar days after being notified by the  
8 Board or its designee that Respondent failed to complete the Program.

9 4. **PSYCHIATRIC EVALUATION.** Within 30 calendar days of the effective date of  
10 this Decision, and on whatever periodic basis thereafter may be required by the Board or its  
11 designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological  
12 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall  
13 consider any information provided by the Board or designee and any other information the  
14 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its  
15 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not  
16 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all  
17 psychiatric evaluations and psychological testing.

18 Respondent shall comply with all restrictions or conditions recommended by the evaluating  
19 psychiatrist within 15 calendar days after being notified by the Board or its designee.

20 5. **PSYCHOTHERAPY.** Within 60 calendar days of the effective date of this  
21 Decision, Respondent shall submit to the Board or its designee for prior approval the name and  
22 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who  
23 has a doctoral degree in psychology and at least five years of postgraduate experience in the  
24 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall  
25 undergo and continue psychotherapy treatment, including any modifications to the frequency of  
26 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

27 The psychotherapist shall consider any information provided by the Board or its designee  
28 and any other information the psychotherapist deems relevant and shall furnish a written

1 evaluation report to the Board or its designee. Respondent shall cooperate in providing the  
2 psychotherapist any information and documents that the psychotherapist may deem pertinent.

3 Respondent shall have the treating psychotherapist submit quarterly status reports to the  
4 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric  
5 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of  
6 probation, Respondent is found to be mentally unfit to resume the practice of medicine without  
7 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the  
8 period of probation shall be extended until the Board determines that Respondent is mentally fit  
9 to resume the practice of medicine without restrictions.

10 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

11 6. **THIRD PARTY CHAPERONE.** During probation, Respondent shall have a third  
12 party chaperone present while consulting, examining or treating female patients. Respondent  
13 shall, within 30 calendar days of the effective date of the Decision, submit to the Board or its  
14 designee for prior approval name(s) of persons who will act as the third party chaperone.

15 If Respondent fails to obtain approval of a third party chaperone within 60 calendar days of  
16 the effective date of this Decision, Respondent shall receive a notification from the Board or its  
17 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
18 Respondent shall cease the practice of medicine until a chaperone is approved to provide  
19 monitoring responsibility.

20 Each third party chaperone shall sign (in ink or electronically) and date each patient  
21 medical record at the time the chaperone's services are provided. Each third party chaperone shall  
22 read the Decision(s) and the Accusation(s), and fully understand the role of the third party  
23 chaperone. Respondent shall maintain a log of all patients seen for whom a third party chaperone  
24 is required. The log shall contain the: 1) patient initials, address and telephone number; 2)  
25 medical record number; and 3) date of service. Respondent shall keep this log in a separate file or  
26 ledger, in chronological order, shall make the log available for immediate inspection and copying  
27 on the premises at all times during business hours by the Board or its designee, and shall retain  
28 the log for the entire term of probation.

1 Respondent is prohibited from terminating employment of a Board-approved third party  
2 chaperone solely because that person provided information as required to the Board or its  
3 designee.

4 If the third party chaperone resigns or is no longer available, Respondent shall, within 5  
5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior  
6 approval, the name of the person(s) who will act as the third party chaperone. If Respondent fails  
7 to obtain approval of a replacement chaperone within 60 calendar days of the resignation or  
8 unavailability of the chaperone, Respondent shall receive a notification from the Board or its  
9 designee to cease the practice of medicine within three (3) calendar days after being so notified.  
10 Respondent shall cease the practice of medicine until a replacement chaperone is approved and  
11 assumes monitoring responsibility.

12 7. **NOTIFICATION.** Within seven (7) days of the effective date of this Decision, the  
13 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
14 Chief Executive Officer at every hospital where privileges or membership are extended to  
15 Respondent, at any other facility where Respondent engages in the practice of medicine,  
16 including all physician and locum tenens registries or other similar agencies, and to the Chief  
17 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
18 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
19 calendar days.

20 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

21 8. **SUPERVISION OF PHYSICIAN ASSISTANTS.** During probation, Respondent  
22 is prohibited from supervising physician assistants.

23 9. **OBEY ALL LAWS.** Respondent shall obey all federal, state and local laws, all rules  
24 governing the practice of medicine in California and remain in full compliance with any court  
25 ordered criminal probation, payments, and other orders.

26 10. **QUARTERLY DECLARATIONS.** Respondent shall submit quarterly declarations  
27 under penalty of perjury on forms provided by the Board, stating whether there has been  
28 compliance with all the conditions of probation.

1 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
2 of the preceding quarter.

3 11. **GENERAL PROBATION REQUIREMENTS.**

4 Compliance with Probation Unit: Respondent shall comply with the Board's probation unit  
5 and all terms and conditions of this Decision.

6 Address Changes: Respondent shall, at all times, keep the Board informed of Respondent's  
7 business and residence addresses, email address (if available), and telephone number. Changes of  
8 such addresses shall be immediately communicated in writing to the Board or its designee. Under  
9 no circumstances shall a post office box serve as an address of record, except as allowed by  
10 Business and Professions Code section 2021, subdivision (b).

11 Place of Practice: Respondent shall not engage in the practice of medicine in Respondent's  
12 or patient's place of residence, unless the patient resides in a skilled nursing facility or other  
13 similar licensed facility.

14 License Renewal: Respondent shall maintain a current and renewed California physician's  
15 and surgeon's license.

16 Travel or Residence Outside California: Respondent shall immediately inform the Board or  
17 its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or  
18 is contemplated to last, more than thirty (30) calendar days. In the event Respondent should leave  
19 the State of California to reside or to practice Respondent shall notify the Board or its designee in  
20 writing 30 calendar days prior to the dates of departure and return.

21 12. **INTERVIEW WITH THE BOARD OR ITS DESIGNEE.** Respondent shall be  
22 available in person upon request for interviews either at Respondent's place of business or at the  
23 probation unit office, with or without prior notice throughout the term of probation.

24 13. **NON-PRACTICE WHILE ON PROBATION.** Respondent shall notify the Board  
25 or its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
26 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
27 defined as any period of time Respondent is not practicing medicine in California as defined in  
28 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month

1 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
2 time spent in an intensive training program which has been approved by the Board or its designee  
3 shall not be considered non-practice. Practicing medicine in another state of the United States or  
4 Federal jurisdiction while on probation with the medical licensing authority of that state or  
5 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
6 not be considered as a period of non-practice.

7 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
8 months, Respondent shall successfully complete a clinical training program that meets the criteria  
9 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
10 Disciplinary Guidelines" prior to resuming the practice of medicine.

11 Respondent's period of non-practice while on probation shall not exceed two (2) years.

12 Periods of non-practice will not apply to the reduction of the probationary term.

13 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
14 probationary terms and conditions with the exception of this condition and the following terms  
15 and conditions of probation: Obey All Laws; and General Probation Requirements.

16 14. **COMPLETION OF PROBATION.** Respondent shall comply with all financial  
17 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
18 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
19 be fully restored.

20 15. **VIOLATION OF PROBATION.** Failure to fully comply with any term or  
21 condition of probation is a violation of probation. If Respondent violates probation in any  
22 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke  
23 probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to  
24 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,  
25 the Board shall have continuing jurisdiction until the matter is final, and the period of probation  
26 shall be extended until the matter is final.

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16. **LICENSE SURRENDER.** Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

## ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 48743. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11-5-13

**ZAHER AZZAWI, M.D.**  
Respondent

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1 I have read and fully discussed with Respondent Zaher Azzawi, M.D., the terms and  
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

3 I approve its form and content.

4 DATED: November 6, 2013

  
RAYMOND J. MCMAHON, Esq.  
Attorney for Respondent

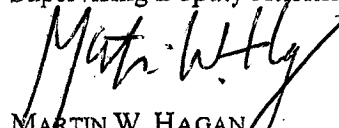
6  
7 **ENDORSEMENT**

8 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
9 submitted for consideration by the Medical Board of California.

10 DATED: <sup>MVH</sup> ~~October~~ 6, 2013  
November

Respectfully submitted,

11 KAMALA D. HARRIS  
12 Attorney General of California  
13 THOMAS S. LAZAR  
Supervising Deputy Attorney General

14   
15 MARTIN W. HAGAN  
16 Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 09-2011-216716**

1 KAMALA D. HARRIS  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 MARTIN W. HAGAN  
Deputy Attorney General  
4 State Bar No. 155553  
110 West "A" Street, Suite 1100  
5 San Diego, CA 92101  
P.O. Box 85266  
6 San Diego, CA 92186-5266  
Telephone: (619) 645-2094  
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9  
10 **BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
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12 In the Matter of the Accusation Against:

13 **ZAHER AZZAWI, M.D.**  
6028 Vineyard Avenue  
14 Alta Loma, CA 91701

15 Physician's and Surgeon's Certificate  
16 No. A 48743

17 Respondent.

Case No. 09-2011-216716

**ACCUSATION**

18  
19 Complainant alleges:

20 **PARTIES**

21 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official  
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
23 Affairs.

24 2. On or about October 15, 1990, the Medical Board of California issued Physician's and  
25 Surgeon's Certificate Number A48743 to Zaher Azzawi, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on August 31, 2014, unless renewed.

28 ////

**FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO January 15, 2013  
BY: Skulchuk ANALYST**

## JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.

5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct.<sup>1</sup> In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including,

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<sup>1</sup> Unprofessional conduct under California Business and Professions Code section 2234 is conduct which breaches the rules of ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

1 but not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
2 licensee's conduct departs from the applicable standard of care, each departure  
3 constitutes a separate and distinct breach of the standard of care.

4 "...

5 "(e) The commission of any act involving dishonesty or corruption which is  
6 substantially related to the qualifications, functions, or duties of a physician and  
7 surgeon.

8 "(f) Any action or conduct which would have warranted the denial of a  
9 certificate.

10 "..."

11 6. Section 726 of the Code states:

12 "The commission of any act of sexual abuse, misconduct, or relations with a  
13 patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary  
14 action for any person licensed under this division, under any initiative act referred to in this  
15 division and under Chapter 17 (commencing with Section 9000) of Division 3.

16 "..."

17 7. Section 2262 of the Code states:

18 "Altering or modifying the medical record of any person, with fraudulent intent, or  
19 creating any false medical record, with fraudulent intent, constitutes unprofessional conduct."

20 8. Section 2266 of the Code states:

21 "The failure of a physician and surgeon to maintain adequate and accurate records  
22 relating to the provision of services to their patients constitutes unprofessional conduct."

23 **FIRST CAUSE FOR DISCIPLINE**

24 **(Commission of Act of Sexual Abuse or Misconduct with Patient or Client)**

25 9. Respondent has subjected his Physician's and Surgeon's Certificate Number A48743  
26 to disciplinary action under sections 2227 and 2234, as defined by section 726, of the Code, in  
27 that he committed an act or acts of sexual abuse or misconduct with patient S.A., as more  
28 particularly alleged herein:

1 (a) On or about 2004, S.A. began working with respondent. S.A. was  
2 acquainted with respondent through the Muslim community and as a family  
3 acquaintance. During the course of her employment, respondent treated S.A. as a  
4 patient and provided her with medical care.

5 (b) On or about July 24, 2006, S.A. informed respondent she was  
6 experiencing lightheadedness. When advised of her complaint of lightheadedness,  
7 respondent told S.A. to retrieve her chart and to provide a urine sample. Once she  
8 provided the urine sample, respondent instructed her to go into an examination  
9 room at the back of the clinic. S.A. did as she was instructed and waited for  
10 respondent in the examination room.

11 (c) When respondent came into the examination room, he told S.A. to sit  
12 on the examination table in the room. After S.A. took a seat on the examination  
13 table, respondent approached her and began unbuttoning her shirt. He did not ask  
14 permission to do so, did not explain why he was doing so, and did so without a  
15 female chaperone in the room. Respondent had trouble unbuttoning S.A.'s shirt  
16 and therefore told S.A. to unbutton her shirt. S.A. objected but respondent insisted  
17 she do as she was told. After S.A. took off her shirt respondent "placed his arms  
18 around [her] in a hugging position, and attempted to take off [her] bra."  
19 Respondent struggled to unclasp S.A.'s bra and told her to remove her bra. Once  
20 again, S.A. attempted to object but respondent demanded, once again, that she  
21 remove her bra.

22 (d) After S.A. removed her bra, respondent told S.A. to lie down at which  
23 point he lifted her skirt and underwear and touched her lower abdomen area.  
24 Respondent did not ask permission to lift S.A.'s skirt and underwear, did not  
25 explain the reasons for doing so, and did so without a female chaperone in the  
26 room. When respondent was finished, he left the room without saying anything.  
27 Since respondent had abruptly left the room without saying anything, S.A. put her  
28 clothes back on and waited for respondent because she was not sure what to do.

1 (e) After waiting approximately five minutes, respondent returned to the  
2 examination room and had S.A. stand upright on her toes and extend her hands.  
3 He told her, once again, to remove her top and bra. As with the prior incident,  
4 there was no female chaperone present. S.A. objected but respondent persisted and  
5 S.A. once again removed her shirt and bra and remained standing with her breasts  
6 fully exposed. Respondent took a seat on a stool in the examination room "and  
7 just stared at her exposed chest." After awhile, respondent got up and left the  
8 examination room. S.A. "quickly got dressed and left the room very disoriented  
9 and confused as to what had just happened." She reported the matter to a co-  
10 worker because she did not feel the examination was appropriate or justified.

11 (f) The chart note for the visit with patient S.A. of July 24, 2006, indicates  
12 patient S.A. presented with a "c/o [complaint of] feeling light-headed." Under the  
13 objective and impression part of the chart note, there are notations about "acne."  
14 During his physician interview with the Board, respondent indicated, among other  
15 things, that a chaperone would be warranted "if something involved the private  
16 area" such as a "breast exam." Respondent also acknowledged it would be  
17 improper to unbutton a patient's shirt or blouse if they were capable of doing it  
18 themselves and there would be no need to have a female patient remove her bra to  
19 examine any acne.

## 20 SECOND CAUSE FOR DISCIPLINE

### 21 (Gross Negligence)

22 10. Respondent has subjected his Physician's and Surgeon's Certificate Number A48743  
23 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b),  
24 of the Code, in that he committed gross negligence in the care and treatment of patient S.A., as  
25 more particularly alleged herein:

26 (a) Paragraph 9, above, is hereby incorporated by reference and realleged  
27 as if fully set forth herein.

28 ////

1 (b) On or about July 12, 2011, patient S.A. provided an authorization for  
2 Release of Medical Records for her medical records pertaining to any care and  
3 treatment provided by respondent.

4 (c) On or about November 10, 2011, patient S.A. provided the Board with  
5 a copy of uncertified medical records regarding her care and treatment by  
6 respondent.

7 (d) On or about November 22, 2011, the Board received certified copies of  
8 medical records from respondent regarding his care and treatment of patient S.A.  
9 The certified set of medical records contained additional notations that were not  
10 present on the uncertified medical records that were provided by respondent. The  
11 additions included, but were not limited to, the following:

12 (1) On a chart note for a patient visit with S.A. on February 10, 2006,  
13 respondent made additions to the certified medical records which included, but  
14 were not limited to, checking that respondent's neck and lymph nodes, heart, lungs  
15 and abdomen were within normal limits; adding notations and information under  
16 the impression section, treatment section, disposition at discharge section,  
17 condition at discharge section; and by including his signature which was not  
18 present on the uncertified medical records.

19 (2) On a chart note for the patient visit with S.A. of July 24, 2006,  
20 respondent made additions to the certified medical records which included, but  
21 were not limited to, adding notations and information under the neuro section,  
22 disposition at discharge section, condition at discharge section, follow up contact  
23 with MD and date section, and by including his signature which was not present on  
24 the uncertified medical records.

25 ////

26 ////

27 ////

28 ////

1 (3) On an undated Haven Family Medical Clinic form,<sup>2</sup> recording  
2 lab results, respondent added his signature which was not present on the  
3 uncertified medical records.

4 (e) Respondent admitted during his physician interview before the Board  
5 on September 27, 2012, that he had reviewed patient S.A.'s medical records after  
6 the Board's subpoena was sent and prior to the certified medical records being  
7 produced to the Board. Respondent also admitted in his interview that "sometimes  
8 if the record is not complete, I may complete it later on."

9 (f) Respondent committed gross negligence in his care and treatment of  
10 patient S.A. which included, but was not limited to, the following:

11 (1) Respondent did not request permission nor provide any sort of  
12 warning before attempting to unbutton patient S.A.'s shirt, attempting to undo her  
13 bra and then ordering her to remove her shirt and bra prior to looking at her  
14 breasts;

15 (2) Respondent did not have a female chaperone present while  
16 visually inspecting patient S.A.'s breasts;

17 (3) Respondent performed an atypical visual breast inspection of  
18 patient S.A.'s breast without any medical indication; and

19 (4) Respondent made additions to patient S.A.'s medical records  
20 after her patient visits and failed to indicate that the additions were additions  
21 and/or addendums and the date that such additions were made.

### 22 **THIRD CAUSE FOR DISCIPLINE**

#### 23 **(Repeated Negligent Acts)**

24 11. Respondent has subjected his Physician's and Surgeon's Certificate Number A48743  
25 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c),  
26

27 \_\_\_\_\_  
28 <sup>2</sup> This form appears to be related to the patient visit with S.A. of July 24, 2006.

1 of the Code, in that he committed repeated negligent acts in regard to his care and treatment of  
2 Patients S.A. and V.V., as more particularly alleged herein:

3 **(Patient S.A.)**

4 (a) Paragraphs 9 and 10, above, are hereby incorporated by reference and  
5 realleged as if fully set forth herein.

6 (b) On or about July 24, 2006, patient S.A. presented with a complaint of  
7 lightheadedness. Respondent's chart note for this visit indicated "c/o [complaint of]  
8 feeling light-headed." As part of his examination of Patient S.A., Respondent failed  
9 to obtain and/or document an adequate history relative to patient S.A.'s complaint  
10 of lightheadedness.

11 (c) Respondent committed repeated negligent acts in his care and treatment  
12 of patient S.A. which included, but was not limited to, the following:

13 (1) Respondent did not request permission nor provide any sort of  
14 warning before attempting to unbutton patient S.A.'s shirt, attempting to undo her  
15 bra and then ordering her to remove her shirt and bra prior to looking at her  
16 breasts;

17 (2) Respondent did not have a female chaperone present while  
18 visually inspecting patient S.A.'s breasts;

19 (3) Respondent performed an atypical visual breast inspection of  
20 patient S.A.'s breast without any medical indication; and

21 (4) Respondent made additions to patient S.A.'s medical records  
22 after her patient visits and failed to indicate that the additions were additions and/or  
23 addendums and the date that such additions were made.

24 (5) Respondent failed to obtain and/or adequately record a proper  
25 history for Patient S.A.'s presenting complaint of lightheadedness.

26 **(Patient V.V.)**

27 (d) On or about May 25, 2011, Respondent examined Patient V.V., another  
28 one of his office staff, who presented with a complaint of fever and diarrhea. Much

1 of respondent's chart note is illegible. After examination, respondent's plan  
2 included treating with a prescription of Keflex. Respondent did not record any  
3 details regarding his plan to prescribe Keflex including, but not limited to, dosage,  
4 frequency, duration and/or avoidance of dairy products.

5 (e) Respondent committed repeated negligent acts in his care and treatment  
6 of patient V.V. which included, but was not limited to, the following:

7 (1) Respondent failed to adequately record the details for the Keflex  
8 prescription including, but not limited to, dosage, frequency, duration and/or an  
9 advisement to avoid dairy products.

#### 10 **FOURTH CAUSE FOR DISCIPLINE**

##### 11 **(Alteration of Medical Records)**

12 12. Respondent has subjected his Physician's and Surgeon's Certificate Number A48743  
13 to disciplinary action under sections 2227 and 2234, as defined by section 2262, of the Code, in  
14 that he altered and/or modified the medical records of patient S.A. with fraudulent intent, as  
15 more particularly alleged in paragraph 10 (b) through (e), above, which is hereby incorporated by  
16 reference and realleged as if fully set forth herein.

#### 17 **FIFTH CAUSE FOR DISCIPLINE**

##### 18 **(Failure to Maintain Adequate or Accurate Medical Records)**

19 13. Respondent has subjected his Physician's and Surgeon's Certificate Number A48743  
20 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in  
21 that he failed to maintain adequate and/or accurate medical records for patients S.A. and V.V., as  
22 more particularly alleged in paragraphs 10 and 11, above, which are hereby incorporated by  
23 reference and realleged as if fully set forth herein.

#### 24 **SIXTH CAUSE FOR DISCIPLINE**

##### 25 **(Dishonesty or Corruption)**

26 14. Respondent has subjected his Physician's and Surgeon's Certificate Number A48743  
27 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (e),  
28 of the Code, in that he has committed acts of dishonesty or corruption in regard to the alteration of

1 medical records for patient S.A., as more particularly alleged in paragraph 10 (b) through (e),  
2 above, which is hereby incorporated by reference and realleged as if fully set forth herein.

3 **SEVENTH CAUSE FOR DISCIPLINE**

4 **(General Unprofessional Misconduct)**

5 15. Respondent has subjected his Physician's and Surgeon's Certificate Number A48743  
6 to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in  
7 that he engaged in conduct which breaches the rules or ethical code of the medical profession, or  
8 conduct which is unbecoming to a member in good standing of the medical profession, and which  
9 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10  
10 through 14, above, which are hereby incorporated by reference and realleged as if fully set forth  
11 herein.

12 **(General Unprofessional Misconduct with S.A.)**

13 (a) Paragraphs 10 through 14 are hereby incorporated by reference and  
14 realleged as if fully set forth herein.

15 **(General Unprofessional Misconduct with V.V.)**

16 (b) Paragraphs 11 (d) through (e)(1) and 13, are hereby incorporated by  
17 reference and realleged as if fully set forth herein.

18 (c) Respondent began working with respondent in approximately 2009.  
19 On occasion, respondent would address her as "hey sexy."

20 **(General Unprofessional Conduct with A.H.)**

21 (d) A.H. worked with respondent from approximately 1995 to February  
22 2011.

23 (e) On or about November 2010, respondent began asking A.H. out for  
24 dinner and/or dates. This occurred on at least two occasions.

25 (f) On or about December 2010, respondent hugged A.H. and grazed the  
26 side of her breasts with his hands as he was releasing his hug.

27 ////

1 (g) On or around December 2010, A.H. wore Capri pants and a crew neck  
2 t-shirt which revealed some cleavage. Respondent stared at A.H. and told her that  
3 she should dress like that more often.

4 **(General Unprofessional Conduct with C.I.)**

5 (h) C.I. worked with respondent from approximately January 2003 to  
6 August 2008.

7 (i) At some time after January 2008, respondent made multiple requests to  
8 rub C.I.'s back. Respondent was aware that C.I. had shoulder pain from a car  
9 accident and would routinely ask C.I. if he could rub her shoulder. Respondent  
10 would also get inappropriately close to C.I. when she was filing which also made  
11 her uncomfortable.

12 **(General Unprofessional Conduct with D.S.)**

13 (j) D.S. worked with respondent from approximately 2005 to 2009.

14 (k) On or about April 2009, respondent summoned D.S. into an office  
15 area. Once inside the office, respondent hugged D.S. and kissed her on the side of  
16 the neck. D.S. pushed respondent away and told him his conduct was  
17 inappropriate. Approximately three weeks later, D.S. received a written  
18 reprimand.

19 **(General Unprofessional Conduct with C.T.)**

20 (l) C.T. worked with respondent from approximately 2009 to 2011.

21 (m) Respondent touched C.T.'s, buttocks on at least two to three occasions  
22 during the course of her employment and would also graze against her breasts.

23 **(General Unprofessional Conduct with B.S.)**

24 (n) B.S. began working with respondent in approximately 2005.

25 (o) On or about May 2010, B.S. asked for an advance on her paycheck to  
26 prevent her from being evicted. A few days later respondent gave B.S. a hug. As  
27 he was giving her a hug, respondent slipped his hand underneath B.S.'s scrub top  
28 and moved his hand below her waist band toward her buttocks.

(General Unprofessional Conduct with D.L.)

(p) D.L. worked with respondent as an intern from January 2011 to March 2011.

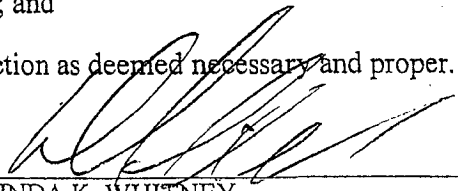
(q) At some time between January and March 2011, D.L. requested contact information for respondent's brother, a plastic surgeon, because she was considering breast augmentation. After hearing that D.L. was interested in breast augmentation, respondent asked D.L. what was wrong with her breasts and simultaneously started lifting her shirt up. D.L. stopped respondent after he had raised her shirt to the level of her belly button.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A48743, issued to Zaher Azzawi, M.D.
2. Revoking, suspending or denying approval of Zaher Azzawi, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;
3. Ordering respondent Zaher Azzawi, M.D., to pay the Medical Board of California the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: January 15, 2013

  
LINDA K. WHITNEY  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
Complainant ✓

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